



RHODE ISLAND SUPREME COURT
APPELLATE MEDIATION PROGRAM

**MEDIATION ELIGIBILITY FORM
AND CONFIDENTIAL MEDIATION STATEMENT**

INSTRUCTIONS

This is a two-part, double-sided form. Part I determines the eligibility and appropriateness of your case for mediation. Part II applies to eligible cases only and contains confidential information about your case in order to assist the mediator in a resolution as well as an authorization to mediate.

1. Pursuant to Provisional Rule A as amended, all parties must complete this form and submit it to the Supreme Court Appellate Mediation Program within twenty (20) days of filing a Notice of Appeal. All parties must send an original and two copies of Part I to the Appellate Mediation Program and one copy to all opposing counsel.
2. If your case is not eligible for mediation pursuant to Provisional Rule A as amended, you need not complete Part II of this form. Send the original and two copies only of Part I to the Appellate Mediation Program and one copy to opposing counsel.
3. If your case is eligible for mediation, you are required to complete Part II of this form as well. While Part I of the attached form is to be shared with opposing counsel, Part II provides parties an opportunity to inform only the mediator of additional information that could lead to resolution. Candor and honesty are strongly encouraged.
 - a. Complete fully Part II (the confidential mediation statement) inclusive of the confidentiality and negotiation authorization section. Attach copies of the relevant orders, memoranda, and opinions from which this appeal has been taken. If you are the appellant(s) or cross-appellant(s), you are required to attach copies of the trial court's written decision(s) or order(s).
 - b. Send the original and two copies of the form to the Appellate Mediation Program at the address indicated. Retain a copy for yourself to bring to the mediation session when assigned. **Do NOT send a copy of Part II (the confidential mediation statement) to opposing counsel.**
4. If after submission of your statements, your case is deemed eligible and appropriate for mediation, the Appellate Mediation Program will send notice of the scheduled session to all parties. Please make every effort to have counsel and clients available on the assigned date and time. **MEDIATION SESSIONS ARE ONLY ALLOWED TO BE RESCHEDULED ONCE FOR GOOD CAUSE.** Requests for rescheduling must be made at least seven (7) days before the session.
5. To adequately prepare for mediation, counsel should become fully aware of his/her client's interests, goals, and needs and acquire appropriate authority to participate in the mediation conference and the potential settlement. Counsel should further educate his/her client regarding the mediation process and its possible outcomes.
6. If after submission of your statements, it is determined that your case is not eligible or not appropriate for mediation, the parties will be sent notification by the Appellate Mediation Program that the case has not been selected and the case shall proceed in accordance with the Supreme Court Rules of Appellate Procedure.

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM
PART I: MEDIATION ELIGIBILITY FORM

NAME OF CASE			TRIAL COURT CASE NUMBER	
NAME OF PARTY OR PARTIES APPEALING			DATE APPEAL FILED	
NAME OF PERSON FILING THIS STATEMENT	RI BAR No.	TEL.	FAX	
ADDRESS				
FILING STATUS (Check all that apply) <input type="checkbox"/> PRO SE <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> APPELLANT <input type="checkbox"/> CROSS-APPELLANT <input type="checkbox"/> APPELLEE <input type="checkbox"/> CROSS-APPELLEE				
CASE TYPE				
<u>ALL CASES ARE ELIGIBLE EXCEPT IF THE BASIS OF THIS APPEAL INVOLVES ANY OF THE FOLLOWING:</u> (Please check all that apply. This section determines whether your case is eligible and whether you must complete Part II*)				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Application for post conviction relief <input type="checkbox"/> Petition for habeas corpus <input type="checkbox"/> Case brought by a prisoner in the custody of the Department of Corrections <input type="checkbox"/> Petition for extraordinary relief (including prerogative writs) <input type="checkbox"/> Criminal case (including cases on review from municipal court or traffic court) </div> <div style="width: 50%;"> <input type="checkbox"/> Juvenile case <input type="checkbox"/> Appeal from Family Court <input type="checkbox"/> Pro se representation <input type="checkbox"/> Not a trial court appeal </div> </div>				
DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> State or federal constitutional interpretation <input type="checkbox"/> Validity of state statute, ordinance or agency requirement <input type="checkbox"/> Inconsistency in decisions of Supreme Court <input type="checkbox"/> Motion(s) to stay appeal pending resolution of a related case <input type="checkbox"/> Other procedural complexity: _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Multiple parties <input type="checkbox"/> Motions to intervene (if known) <input type="checkbox"/> Motions to file amicus briefs (if known) <input type="checkbox"/> Issue of first impression <input type="checkbox"/> Final judgment has not been entered </div> </div>				
PLEASE STATE ANY OTHER FACTORS AFFECTING THE APPROPRIATENESS OF THIS CASE FOR MEDIATION				
HAS THIS CASE OR A RELATED CASE BEEN BEFORE THE SUPREME COURT PREVIOUSLY? <input type="checkbox"/> NO <input type="checkbox"/> YES/CASE NO. _____ ANY COMPANION CASES? <input type="checkbox"/> NO <input type="checkbox"/> YES/CASE NO. _____				
BRIEFLY DESCRIBE THE JUDGMENT/RULING APPEALED				
MAJOR POINTS OF ERROR OR ISSUES THAT ARE THE FOCUS OF THE APPEAL				
PLEASE DESCRIBE THE FACTS THAT GAVE RISE TO THE INITIAL DISPUTE				

Turn over ➡

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM
PART I. MEDIATION ELIGIBILITY FORM *Continued*

HISTORY OF SETTLEMENT NEGOTIATIONS, IF ANY (Include a listing of all demands and counteroffers)	
DESCRIPTION OF MONETARY, PHYSICAL INJURY OR ANY OTHER DAMAGES UPON WHICH THE CLAIM FOR COMPENSATION IS BASED	
OUT-OF-POCKET EXPENSES UPON WHICH THE CLAIM IS BASED	
PLEASE LIST NAMES AND ADDRESSES OF ALL OTHER COUNSEL INVOLVED IN THIS MATTER AND THE PARTY THAT HE OR SHE REPRESENTS	
ARE YOU COURT EXCUSED AT ANY TIME DURING THE NEXT 3 MONTHS, AND IF SO PLEASE INDICATE DATES?	
SIGNATURE	DATE

*If this appeal fits any one of the listed ineligibility categories, you need not complete Part II of this form.

Send a copy of Part I to opposing counsel and the original and two copies to the Appellate Mediation Program, Rhode Island Supreme Court, 250 Benefit Street, Providence, Rhode Island 02903 Telephone: (401)222-8661.

If your case is eligible for mediation, please complete Part II.

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM
PART II: CONFIDENTIAL MEDIATION STATEMENT AND AUTHORIZATION

FILL OUT PART II ONLY IF YOUR CASE IS ELIGIBLE FOR MEDIATION
This form is for the use of the mediator only – DO NOT SEND COPIES TO COUNSEL

CASE NAME:		TRIAL COURT CASE NUMBER:
NAME OF COUNSEL FILING STATEMENT FOR MEDIATION SESSION		COUNSEL FOR (NAME OF PARTY)
PLEASE LIST IMPORTANT FACTORS AFFECTING YOUR CLIENT’S CHANCES FOR SUCCESS ON APPEAL		
PLEASE DESCRIBE WHY PAST EFFORTS TO RESOLVE THIS DISPUTE HAVE BEEN UNSUCCESSFUL		
WHAT ARE YOUR CLIENT’S TOP PRIORITIES/INTERESTS IN ORDER OF IMPORTANCE		
PLEASE PROVIDE A LIST OF ACCEPTABLE OUTCOMES TO THE MEDIATION SESSION		
LOWEST ACCEPTABLE SETTLEMENT VALUE	HIGHEST ACCEPTABLE SETTLEMENT VALUE	
ARE THERE ANY OTHER RELATED ISSUES OR RELEVANT INFORMATION THAT WOULD ASSIST THE MEDIATOR IN THE RESOLUTION OF THIS CASE?		

Attach a copy of the relevant order(s), memoranda, and opinions from which this appeal has been taken. If you are the appellant(s) or cross-appellant(s), you are required to attach a copy of the trial court’s written decision(s) or order(s).

Counsel may submit additional sheets as necessary to supplement this form.

Turn over ➡

CONFIDENTIALITY REQUIREMENT AND NEGOTIATION AUTHORIZATION

I hereby agree that any and all documents submitted and statements made in furtherance of mediation, including, but not limited to, the content of this mediation eligibility form, mediation statement and any attachments thereto, and any relevant memoranda or supporting documentation relied upon during the course of the mediation session by counsel, any party or the mediator shall remain confidential. My client(s) further agrees not to subpoena or otherwise subject the mediator, staff members, or records of the Appellate Mediation Program to any court proceedings, lawsuits or other legal actions related to the mediation process or its outcome.

My client(s) agree to participate in mediation, and I am authorized to participate and negotiate on behalf of my client(s) with full authority to make and/or accept offers. If I am not so authorized at the time of mediation, I will make arrangements to have my client(s) or authorized representative(s) available in person or by telephone at the time of the mediation session.

I understand, and my client(s) have been informed that if an agreement is not reached, the case will be returned to the normal appellate process pursuant to the Rhode Island Supreme Court Rules of Appellate Procedure. If an agreement is reached, the case will be withdrawn and the mediator-justice may enter an appropriate order. Any agreement reached during mediation will have the full force and effect of a contract. I understand and my client(s) have been informed that failure to abide by the above requirements and/or Provisional Rule A may result in sanctions.

I certify that a copy of the foregoing confidential mediation statement was executed truthfully and accurately to the best of my knowledge and a copy provided to the Appellate Mediation Program, Rhode Island Supreme Court, 250 Benefit Street, Providence, Rhode Island 02903.

PRINT NAME: _____ Counsel for: _____
CASE NAME: _____ CASE NUMBER: _____
SIGNATURE: _____ DATE: _____

Do NOT send a copy of Part II to counsel.

Send this original form (and any attachments) and two complete copies to:

Appellate Mediation Program
Rhode Island Supreme Court
250 Benefit Street
Providence, Rhode Island 02903

Telephone: (401)222-8661
www.courts.ri.gov